

B1 (Official Form 1)(12/07)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Mason, John J Jr.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Mason, Sue E</b>
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): <b>xxx-xx-9792</b>		Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): <b>xxx-xx-1831</b>
Street Address of Debtor (No. and Street, City, and State): <b>2411 Plum St.</b> <b>Peru, IL</b> <div style="text-align: right; font-size: small;">ZIP Code <b>61354</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <b>2411 Plum St.</b> <b>Peru, IL</b> <div style="text-align: right; font-size: small;">ZIP Code <b>61354</b></div>
County of Residence or of the Principal Place of Business: <b>La Salle</b>		County of Residence or of the Principal Place of Business: <b>La Salle</b>
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition  of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition  of a Foreign Nonmain Proceeding </div> <hr/> <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurring by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input checked="" type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
<b>Estimated Assets</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input checked="" type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
<b>Estimated Liabilities</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Mason, John J Jr.****Mason, Sue E****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Stephen J. West, Atty.****December 3, 2007**

Signature of Attorney for Debtor(s)

(Date)

**Stephen J. West, Atty. 02989794****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Mason, John J Jr.**

**Mason, Sue E**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ John J Mason, Jr.**  
Signature of Debtor **John J Mason, Jr.**

**X /s/ Sue E Mason**  
Signature of Joint Debtor **Sue E Mason**

Telephone Number (If not represented by attorney)

**December 3, 2007**

Date

### Signature of Attorney\*

**X /s/ Stephen J. West, Atty.**  
Signature of Attorney for Debtor(s)

**Stephen J. West, Atty. 02989794**

Printed Name of Attorney for Debtor(s)

**Stephen J. West**

Firm Name

**628 Columbus Dr.  
Rm. 102  
Ottawa, IL 61350**

Address

**815-434-7250 Fax: 815-434-0951**

Telephone Number

**December 3, 2007**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court  
Northern District of Illinois

In re John J Mason, Jr.  
Sue E Mason

Debtor(s)

Case No.  
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ John J Mason, Jr.  
John J Mason, Jr.

Date: December 3, 2007

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court  
Northern District of Illinois

In re John J Mason, Jr.  
Sue E Mason

Debtor(s)

Case No.  
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Sue E Mason  
Sue E Mason

Date: December 3, 2007

B7 (Official Form 7) (12/07)

United States Bankruptcy Court  
Northern District of Illinois

In re John J Mason, Jr.  
Sue E Mason

Debtor(s)

Case No.  
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$56,000.00	Him 2005
\$57,900.00	2006
\$16,000.00	Her 2005
\$16,900.00	2006



## 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

## 3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Community Lenders	Monthly payment	\$475.00	\$13,200.00

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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## 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Debtor has a pending workmans comp case for injuries in February 2007. His attorney is Drew Ferracuti.			

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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### 10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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### 12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

# 18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

# 19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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## 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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## 23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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## 24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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## 25. Pension Funds.

- None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **December 3, 2007**

Signature **/s/ John J Mason, Jr.**  
**John J Mason, Jr.**  
Debtor

Date **December 3, 2007**

Signature **/s/ Sue E Mason**  
**Sue E Mason**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **John J Mason, Jr.,**  
**Sue E Mason**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>12,210.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>13,200.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>27</b>		<b>205,895.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>4,017.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,959.00</b>
Total Number of Sheets of ALL Schedules		<b>39</b>			
Total Assets			<b>12,210.00</b>		
Total Liabilities				<b>219,095.00</b>	



**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **John J Mason, Jr.,  
Sue E Mason**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>4,017.00</b>
Average Expenses (from Schedule J, Line 18)	<b>3,959.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>4,917.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>3,200.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>205,895.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>209,095.00</b>

B6A (Official Form 6A) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash on hand</b>	<b>J</b>	<b>10.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account - Citizens First National Bank</b>	<b>J</b>	<b>100.00</b>
		<b>Savings account - Citizens First National Bank</b>	<b>J</b>	<b>50.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Miscellaneous household goods, furniture &amp; furnishings.</b>	<b>J</b>	<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Wearing apparel</b>	<b>J</b>	<b>50.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,210.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Pension - Boilermakers</b>	<b>J</b>	<b>Unknown</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1994 Chevrolet</b>	<b>H</b>	<b>1,000.00</b>
		<b>1998 Dodge Truck</b>	<b>H</b>	<b>10,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **11,000.00**  
(Total of this page)  
Total > **12,210.00**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)  
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Other Exemptions</b>			
The necessary wearing apparel, bible, school books and family pictures of the debtors, John J & Sue E Mason, Jr. and the debtor's dependants;	735 ILCS 5/12-1001(a)	100.00	0.00
Personal property,household goods,furnishings,funds held by employer,funds on deposit, tax returns, other property listed on Schedule B not otherwise claimed as exempt.	735 ILCS 5/12-1001(b)	8,000.00	0.00
The debtor's interest not to exceed \$2,400 in value in any one motor vehicle.	735 ILCS 5/12-1001(c)	4,800.00	0.00
Pension	735 ILCS 5/12-704	Unknown	0.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Total: **12,900.00** **0.00**

B6D (Official Form 6D) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Community Lenders 1011 Shooting Park Rd. Suite 102 Peru, IL 61354	J	Security is a 1998 Dodge truck obtained in 2007 as purchase money security interest.					X	13,200.00	3,200.00
		Value \$ 10,000.00							
Account No.									
		Value \$							
Account No.									
		Value \$							
Account No.									
		Value \$							
Subtotal (Total of this page)								13,200.00	3,200.00
Total (Report on Summary of Schedules)								13,200.00	3,200.00

0 continuation sheets attached

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6F (Official Form 6F) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Action Therapy Services, Ltd.</b> <b>850 Brookforest Ave.</b> <b>Suite F</b> <b>Shorewood, IL 60431</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>184.00</b>
Account No.  <b>Advance America</b> <b>2860 N Columbus St.</b> <b>Ottawa, IL 61350</b>		<b>J</b>	<b>Claim was incurred for loan.</b>		<b>X</b>		<b>1,465.00</b>
Account No.  <b>Advanced Urology Associates</b> <b>812 Campus Dr.</b> <b>Joliet, IL 60435</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>257.00</b>
Account No. <b>097931160629</b>  <b>American General Finance</b> <b>2149 W. Jefferson St.</b> <b>Joliet, IL 60435</b>		<b>J</b>	<b>Claim was incurred for loan.</b>		<b>X</b>		<b>5,662.00</b>
Subtotal (Total of this page)							<b>7,568.00</b>

26 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>81543324965780</b>			<b>Claim was incurred for services.</b>				<b>1,123.00</b>
<b>Ameritech Bill Payment Center Chicago, IL 60663-0001</b>		<b>J</b>			<b>X</b>		
Account No.			<b>Claim was incurred for collection account.</b>				<b>2,682.00</b>
<b>Amsurg Ambulatory Surgery % NCI 3601 Algonquin Rd.; Suite 232 Rolling Meadows, IL 60008-3106</b>		<b>J</b>			<b>X</b>		
Account No.			<b>Claim was incurred for services.</b>				<b>37.00</b>
<b>Angela Benavides, MD 628 Columbus St. #502 Ottawa, IL 61350</b>		<b>J</b>			<b>X</b>		
Account No.			<b>Claim was incurred for services.</b>				<b>82.00</b>
<b>Arius G Patolot MD c/o 860 US Hwy 1, #203-B North Palm Beach, FL 33408-3820</b>		<b>J</b>			<b>X</b>		
Account No.			<b>Claim was incurred for collection account.</b>				<b>158.00</b>
<b>Arturo Tomas, MD, Ltd. % Creditors Discount &amp; Audit Co. PO Box 213 Streator, IL 61364-0213</b>		<b>J</b>			<b>X</b>		
Sheet no. <u>1</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>4,082.00</b>
Subtotal (Total of this page)							<b>4,082.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4791-0600-2933-8711</b>  <b>Aspire Payment Processing PO Box 23007 Columbus, GA 31902-3007</b>	<b>J</b>	<b>Claim was incurred for consumer goods &amp; services.</b>		<b>X</b>		<b>1,985.00</b>
Account No.  <b>Assoc. Pathologists of Joliet 330 Madison St. Suite 200A Joliet, IL 60435</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>49.00</b>
Account No.  <b>Associated Anesthesiologists of Joliet, SC PO Box 936 Bedford Park, IL 60499-0936</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>910.00</b>
Account No.  <b>Associated Anesthesiologists, S.C. 8600 N. State Rte. 91, #250 Peoria, IL 61615</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>230.00</b>
Account No.  <b>AT&amp;T Co. c/o NCO Financial Systems, Inc. PO Box 4911, Dept. #96 Trenton, NJ 08650</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>38.00</b>
Sheet no. <u>2</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,212.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Claim was incurred for services.</b>				
<b>Bhurji Singh, M.D.S.C. PO Box 379 Orland Park, IL 60462</b>	<b>J</b>			<b>X</b>		<b>117.00</b>
Account No. <b>501511</b>		<b>Claim was incurred for loan.</b>				
<b>Boilermakers National Annuity Trust 754 Minnesota Ave. #400 Kansas City, KS 66101</b>	<b>J</b>			<b>X</b>		<b>8,100.00</b>
Account No.		<b>Claim was incurred for services.</b>				
<b>Bromenn Healthcare PO Box 2450 Bloomington, IL 61702</b>	<b>J</b>			<b>X</b>		<b>4,079.00</b>
Account No.		<b>Claim was incurred for collection account.</b>				
<b>Bruce Chien, MD % T-H Professionals &amp; Med Collect PO Box 10166 Peoria, IL 61612</b>	<b>J</b>			<b>X</b>		<b>108.00</b>
Account No.		<b>Claim was incurred for multiple collection accounts.</b>				
<b>CAB Services, Inc. 60 Barney Dr. Joliet, IL 60435</b>	<b>J</b>			<b>X</b>		<b>1,230.00</b>
Sheet no. <b>3</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>13,634.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5291-1517-5657-0873</b>	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>1,000.00</b>
<b>Capital One Services</b> <b>% Arrow Financial Services</b> <b>5996 W. Touhy Ave.</b> <b>Niles, IL 60714</b>						
Account No.	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>102.00</b>
<b>Central IL Pathology</b> <b>% Midwest Collection Service, Inc.</b> <b>PO Box 3598</b> <b>Peoria, IL 61612-3598</b>						
Account No.	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>340.00</b>
<b>Central Illinois Radiological Assoc</b> <b>7800 N. Sommer St.</b> <b>Suite 420</b> <b>Peoria, IL 61615</b>						
Account No.	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>519.00</b>
<b>Check 'n Go</b> <b>% National Check Bureau</b> <b>10625 Techwoods Circle</b> <b>Cincinnati, OH 45242</b>						
Account No.	<b>J</b>	<b>Claim was incurred for loan.</b>		<b>X</b>		<b>833.00</b>
<b>Check Into Cash, Inc.</b> <b>PO Box 550</b> <b>201 Keith St. Suite 80</b> <b>Cleveland, TN 37364-0550</b>						
Sheet no. <u>4</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>2,794.00</b>
Subtotal (Total of this page)						

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
<b>Chicago Tribune % Merchants Credit Guide 223 W. Jackson Blvd. Chicago, IL 60606</b>	<b>J</b>			<b>X</b>		<b>33.00</b>
Account No.		Claim was incurred for collection account.				
<b>Cingular Wireless % Southwest Credit Systems PO Box 115151 Carrollton, TX 75011</b>	<b>J</b>			<b>X</b>		<b>467.00</b>
Account No.		Claim was incurred for overdrawn account.				
<b>Citizens First National Bank 606 South Main St. Princeton, IL 61356</b>	<b>J</b>			<b>X</b>		<b>521.00</b>
Account No. <b>8154332496</b>		Claim was incurred for services.				
<b>Clear Choice Communications PO Box 872025 Kansas City, MO 64187</b>	<b>J</b>			<b>X</b>		<b>191.00</b>
Account No.		Claim was incurred for multiple accounts.				
<b>Collection Professionals PO Box 416 723 First St. La Salle, IL 61301</b>	<b>J</b>			<b>X</b>		<b>9,628.00</b>
Sheet no. <b>5</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>10,840.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
<b>Community Hospital of Ottawa % Creditors Discount &amp; Audit Co. PO Box 213 Streator, IL 61364-0213</b>	<b>J</b>			<b>X</b>		<b>3,009.00</b>
Account No.		Claim was incurred for services.				
<b>Community Hospital of Ottawa 1100 E. Norris Dr. Ottawa, IL 61350</b>	<b>J</b>			<b>X</b>		<b>1,117.00</b>
Account No.		Claim was incurred for collection account.				
<b>Community Hospital of Ottawa % RCS PO Box 7229 Westchester, IL 60154</b>	<b>J</b>			<b>X</b>		<b>954.00</b>
Account No.		Claim was incurred for multiple accounts.				
<b>Creditors Discount &amp; Audit Co. PO Box 213 Streator, IL 61364</b>	<b>J</b>			<b>X</b>		<b>4,800.00</b>
Account No. <b>03SC1380</b>		Claim was incurred for civil judgment.				
<b>Creditors Discount &amp; Audit Co. % Michael R. Naughton, Atty. PO Box 10 Manhattan, IL 60442</b>	<b>J</b>			<b>X</b>		<b>3,736.00</b>
Sheet no. <u>6</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>13,616.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>27992666</b>  <b>Directv</b> <b>PO Box 9001069</b> <b>Louisville, KY 40290-1069</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>148.00</b>
Account No.  <b>Dish Network</b> <b>% Riddle &amp; Associates, PC</b> <b>PO Box 1187</b> <b>Sandy, UT 84091-1187</b>	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>126.00</b>
Account No.  <b>Eastern Illinois Emer Phys LLP</b> <b>Provena Covenant Medical Center</b> <b>75 Remittance Dr. #6053</b> <b>Chicago, IL 60675-6053</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>356.00</b>
Account No.  <b>Edward Hospital</b> <b>PO Box 4207</b> <b>Carol Stream, IL 60197</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>63.00</b>
Account No.  <b>Edward Hospital</b> <b>% Merchants Credit Guide</b> <b>725 S. Wells St. #700</b> <b>Chicago, IL 60607</b>	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>1,996.00</b>
Sheet no. <u>7</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>2,689.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Emergency Treatment % Medical Collections System 725 S. Wells St. #700 Chicago, IL 60607</b>		<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>	<b>200.00</b>
Account No. <b>03SC2838</b>						
<b>Empress Casino % Wexler &amp; Wexler LLC 500 W. Madison St. #2910 Chicago, IL 60661</b>		<b>J</b>	<b>Claim was incurred for civil judgment.</b>		<b>X</b>	<b>2,347.00</b>
Account No.						
<b>Empress Casino % Cavalry PO Box 1030 Hawthorne, NY 10532</b>		<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>	<b>250.00</b>
Account No.						
<b>Empress Casino % JBC Legal Group 2 Broad Bloomfield, NJ 07003</b>		<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>	<b>6,550.00</b>
Account No.						
<b>EPMG of Illinois SC PO Box 95968 Oklahoma City, OK 73143-5968</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>	<b>224.00</b>
Sheet no. <b>8</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>9,571.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Fields Hill Improvement Association PO Box 2191 Ottawa, IL 61350</b>	<b>J</b>			<b>X</b>		<b>1,893.00</b>
Account No.		Claim was incurred for services.				
<b>Future Diagnostics Group 254 Republic Ave. Joliet, IL 60435</b>	<b>J</b>			<b>X</b>		<b>2,901.00</b>
Account No.		Claim was incurred for services.				
<b>Glenwood Medical Imaging PO Box 92170 Elk Grove Village, IL 60009</b>	<b>J</b>			<b>X</b>		<b>120.00</b>
Account No. <b>03LM22</b>		Claim was incurred for civil judgment.				
<b>Heights Finance Corp. % George Mueller, PC 609 E. Etna Rd. Ottawa, IL 61350</b>	<b>J</b>			<b>X</b>		<b>6,384.00</b>
Account No. <b>0083851287</b>		Claim was incurred for deficiency balance on foreclosure.				
<b>Homeq Servicing Corp. PO Box 96053 Charlotte, NC 28296</b>	<b>J</b>			<b>X</b>		<b>8,000.00</b>
Sheet no. <u>9</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>19,298.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Hospital Radiology Service, S.C. #8 US Rte. 6 West Suite #2 Peru, IL 61354</b>	<b>J</b>			<b>X</b>		<b>109.00</b>
Account No. <b>5406-3300-1452-4441</b>		Claim was incurred for consumer goods & services.				
<b>HSBC NV PO Box 19360 Portland, OR 97280</b>	<b>J</b>			<b>X</b>		<b>608.00</b>
Account No.		Claim was incurred for collection account.				
<b>HSBC Taxpayer Financial Services % Tate &amp; Kirlin Associates 2810 Southampton Rd. Philadelphia, PA 19154-1207</b>	<b>J</b>			<b>X</b>		<b>454.00</b>
Account No. <b>1729010852</b>		Claim was incurred for services.				
<b>Illinois Power PO Box 2522 Decatur, IL 62525</b>	<b>J</b>			<b>X</b>		<b>248.00</b>
Account No.		Claim was incurred for loan.				
<b>Illinois Title Loans 1511 W. Jefferson St. Joliet, IL</b>	<b>J</b>			<b>X</b>		<b>4,600.00</b>
Sheet no. <b>10</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>6,019.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Illinois Valley Community Hospital 925 West St. Peru, IL 61354</b>	<b>J</b>			<b>X</b>		<b>8,131.00</b>
Account No.		Claim was incurred for collection account.				
<b>Illinois Valley Community Hospital % CPI PO Box 416 La Salle, IL 61301</b>	<b>J</b>			<b>X</b>		<b>248.00</b>
Account No.		Claim was incurred for collection account.				
<b>Joliet Radiological Serv Corp % CAB Services 60 Barney Dr. Joliet, IL 60435</b>	<b>J</b>			<b>X</b>		<b>25.00</b>
Account No.		Claim was incurred for services.				
<b>Joliet Radiological Service Corp 36910 Treasury Ctr Chicago, IL 60694</b>	<b>J</b>			<b>X</b>		<b>74.00</b>
Account No.		Claim was incurred for services.				
<b>Joseph Ben Mallory, M.D., L P O Box 2426 Ottawa, IL 61350-2426</b>	<b>J</b>			<b>X</b>		<b>37.00</b>
Sheet no. <u>11</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>8,515.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>20058186</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>2,733.00</b>
<b>Leasecomm Corporation PO Box 4036 Woburn, MA 01888</b>						
Account No. <b>8518780510</b>	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>351.00</b>
<b>MCI % MCM PO Box 939019 San Diego, CA 92193-9019</b>						
Account No. <b>3FC96067</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>217.00</b>
<b>MCI Residential Service PO Box 17890 Denver, CO 80217-0890</b>						
Account No.	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>496.00</b>
<b>McLean Co Anesthesiology % H&amp;R Accounts, Inc. PO Box 672 Moline, IL 61266-0672</b>						
Account No.	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>157.00</b>
<b>Mediacom PO Box 334 Chillicothe, IL 61523-0334</b>						
Sheet no. <u>12</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>3,954.00</b>
Subtotal (Total of this page)						<b>3,954.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
<b>Mendota Community Hospital % H&amp;R Accounts PO Box 672 Moline, IL 61265</b>	<b>J</b>			<b>X</b>		<b>78.00</b>
Account No. <b>4120-6130-1130-7433</b>		Claim was incurred for consumer goods & services.				
<b>Merrick Bank PO Box 5000 Draper, UT 84020</b>	<b>J</b>			<b>X</b>		<b>1,855.00</b>
Account No.		Claim was incurred for services.				
<b>Methodist Medical Center of Illinois 5000 Reliable Parkway Chicago, IL 60686-0050</b>	<b>J</b>			<b>X</b>		<b>479.00</b>
Account No.		Claim was incurred for services.				
<b>Methodist Medical Group 5100 Reliable Pkwy. Chicago, IL 60686</b>	<b>J</b>			<b>X</b>		<b>107.00</b>
Account No.		Claim was incurred for balance due on account.				
<b>Minimed Distribution Corp. 13019 Collection Center Drive Chicago, IL 60693-0130</b>	<b>J</b>			<b>X</b>		<b>2,995.00</b>
Sheet no. <b>13</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>5,514.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>6396445519</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>1,628.00</b>	
<b>Nicor Gas PO Box 416 Aurora, IL 60568-0001</b>							
Account No.	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>485.00</b>	
<b>North Central BHS PO Box 1488 La Salle, IL 61301</b>							
Account No. <b>07-LM-553</b>	<b>J</b>	<b>Claim was incurred for civil judgment.</b>		<b>X</b>		<b>46,599.00</b>	
<b>Northland Insurance Co. % Kenneth R. McEvoy, Atty. 628 Columbus St.; Suite 107 Ottawa, IL 61350</b>							
Account No.	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>68.00</b>	
<b>Optima Medical Associates Ltd. 1050 Essington Rd. Joliet, IL 60435-8424</b>							
Account No.	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>408.00</b>	
<b>OSF St. Francis Medical Center 530 N.E. Glen Oak Ave. Peoria, IL 61637</b>							
Sheet no. <u>14</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>49,188.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Ottawa Medical Center % CB Accounts PO Box 50; Dept. 0102 Arrowsmith, IL 61722</b>		<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>	<b>569.00</b>
Account No.						
<b>Ottawa Vet Hospital 1521 E. US Hwy. 6 Ottawa, IL 61350</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>	<b>79.00</b>
Account No.						
<b>Pain &amp; Rehabilitation Clinic of Chicago PO Box 967 Tinley Park, IL 60477-0967</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>	<b>4,875.00</b>
Account No.						
<b>Park Court Pharmacy 600 S. 13th St. Pekin, IL 61554</b>		<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>	<b>220.00</b>
Account No.						
<b>Pekin Hospital % C.B. Accounts, Inc. Dept. 0102; PO Box 50 Arrowsmith, IL 61722-0050</b>		<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>	<b>1,838.00</b>
Sheet no. <u>15</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>7,581.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Peoria Tazewell Pathology Group SC P O Box 9578 Peoria, IL 61612-9578</b>	<b>J</b>			<b>X</b>		<b>100.00</b>
Account No.		Claim was incurred for services.				
<b>Peru Volunteer Ambulance Service 111 5th St. Peru, IL 61354</b>	<b>J</b>			<b>X</b>		<b>478.00</b>
Account No.		Claim was incurred for services.				
<b>Physician Services of MCH 1311 Memorial Dr. Suite 400 Mendota, IL 61342</b>	<b>J</b>			<b>X</b>		<b>115.00</b>
Account No.		Claim was incurred for collection account.				
<b>Prairie Emergency Services % Medical Collections 725 S. Wells #700 Chicago, IL 60607</b>	<b>J</b>			<b>X</b>		<b>1,372.00</b>
Account No.		Claim was incurred for services.				
<b>Prairie Emergency Services S C PO Box 2669 Joliet, IL 60434-2669</b>	<b>J</b>			<b>X</b>		<b>407.00</b>
Sheet no. <u>16</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,472.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
<b>Proctor ER Physicians % CDA 331 Fulton St. #535 Peoria, IL 61602</b>	<b>J</b>			<b>X</b>		<b>797.00</b>
Account No.		Claim was incurred for services.				
<b>Proctor First Care Payment Processing Center PO Box 6361; Dept. 8101 Bloomington, IL 61702</b>	<b>J</b>			<b>X</b>		<b>86.00</b>
Account No.		Claim was incurred for collection account.				
<b>Proctor First Care % CB Accounts, Inc. Dept. 0102; PO Box 50 Arrowsmith, IL 61722</b>	<b>J</b>			<b>X</b>		<b>3,500.00</b>
Account No.		Claim was incurred for services.				
<b>Proctor Health Systems 5401 N. Knoxville Ave. Suite 209 Peoria, IL 61614</b>	<b>J</b>			<b>X</b>		<b>230.00</b>
Account No.		Claim was incurred for services.				
<b>Proctor Hospital Payment Processing Center PO Box 6361; Dept. 8101 Bloomington, IL 61702-6361</b>	<b>J</b>			<b>X</b>		<b>137.00</b>
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>4,750.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Prof. Neurological Svcs LTD PO Box 388241 Chicago, IL 60638-8241</b>	<b>J</b>			<b>X</b>		<b>8,195.00</b>
Account No.		Claim was incurred for services.				
<b>Provena Covenant Medical Center 75 Remittance Dr. Suite 1785 Chicago, IL 60675-1785</b>	<b>J</b>			<b>X</b>		<b>472.00</b>
Account No.		Claim was incurred for services.				
<b>Provena St. Joseph Medical Center 75 Remittance Dr. Suite 1366 Chicago, IL 60675-1366</b>	<b>J</b>			<b>X</b>		<b>922.00</b>
Account No.		Claim was incurred for collection account.				
<b>Provena St. Joseph Medical Center % KCA Financial Services PO Box 53 Geneva, IL 60134</b>	<b>J</b>			<b>X</b>		<b>3,696.00</b>
Account No.		Claim was incurred for services.				
<b>Provena St. Joseph Medical Center 333 N. Madison St. Joliet, IL 60435-6595</b>	<b>J</b>			<b>X</b>		<b>465.00</b>
Sheet no. <u>18</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>13,750.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for collection account.				
<b>Provena St. Joseph Medical Center % Pellettieri &amp; Assoc. 991 Oak Creek Dr. Lombard, IL 60148</b>	<b>J</b>			<b>X</b>		<b>39.00</b>
Account No.		Claim was incurred for services.				
<b>Rezin Orthopaedic 1051 W. Route 6 Suite 100 Morris, IL 60450</b>	<b>J</b>			<b>X</b>		<b>1,061.00</b>
Account No.		Claim was incurred for collection account.				
<b>Robert D Paras, MD % NCO Financial Systems, Inc. PO Box 41421; Dept. 55 Philadelphia, PA 19101</b>	<b>J</b>			<b>X</b>		<b>200.00</b>
Account No.		Claim was incurred for services.				
<b>Rochelle Community Hospital 900 N. Second St. Rochelle, IL 61068</b>	<b>J</b>			<b>X</b>		<b>233.00</b>
Account No.		Claim was incurred for collection account.				
<b>Rockford Mercantile Agency PO Box 5847 Rockford, IL 61125</b>	<b>J</b>			<b>X</b>		<b>650.00</b>
Sheet no. <u>19</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>2,183.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Rush-Copley Medical Center 2000 Ogden Ave. PO Box 352 Aurora, IL 60504</b>	<b>J</b>			<b>X</b>		<b>48.00</b>
Account No.		Claim was incurred for services.				
<b>Rush-Copley Primary Care Assoc. PO Box 2091 Aurora, IL 60504</b>	<b>J</b>			<b>X</b>		<b>200.00</b>
Account No.		Claim was incurred for services.				
<b>Ruskusky Foot And Ankle Clinic, Ltd 3305 Griffin Pekin, IL 61554-6237</b>	<b>J</b>			<b>X</b>		<b>51.00</b>
Account No. <b>8152208586495</b>		Claim was incurred for collection account.				
<b>SBC % NCC 120 N. Keyser Ave. Scranton, PA 18504</b>	<b>J</b>			<b>X</b>		<b>243.00</b>
Account No. <b>4791-0600-2933-8711</b>		Claim was incurred for collection account.				
<b>Sherman Acquisitions % RMA 260 E. Wentworth Ave. Saint Paul, MN 55118</b>	<b>J</b>			<b>X</b>		<b>2,842.00</b>
Sheet no. <b>20</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,384.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.	J	Claim was incurred for collection account.		X		38.00
Silver Cross Hospital % KCA Financial Services PO Box 53 Geneva, IL 60134						
Account No.	J	Claim was incurred for services.		X		534.00
Silver Cross Hospital PO Box 100 Joliet, IL 60434-0100						
Account No.	J	Claim was incurred for collection account.		X		94.00
Southwest Anesthesia Consult, Ants % C.B. U.S.A., Inc. PO Box 8000 Hammond, IN 46325-8000						
Account No.	J	Claim was incurred for collection account.		X		21.00
St. Francis Medical Center % Afni, Inc. PO Box 3517 Bloomington, IL 61702						
Account No.	J	Claim was incurred for collection account.		X		117.00
St. Margaret's Hospital % Collection Professionals, Inc. PO Box 416 La Salle, IL 61301						
Sheet no. <u>21</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						804.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>St. Mary's Streator Hospital Lock Box 4453 Carol Stream, IL 60197-4453</b>	<b>J</b>			<b>X</b>		<b>27.00</b>
Account No.		claim was incurred for services.				
<b>Stepping Stones 1621 Theodore St. Joliet, IL 60435</b>	<b>J</b>			<b>X</b>		<b>635.00</b>
Account No.		Claim was incurred for services.				
<b>Steven J. Ludford, DDS PO Box 444 2001 Fourth St. Peru, IL 61354</b>	<b>J</b>			<b>X</b>		<b>832.00</b>
Account No.		Claim was incurred for services.				
<b>SW Anesthesia Consultants 20201 S Crawford Ave Olympia Fields, IL 60461-1010</b>	<b>J</b>			<b>X</b>		<b>95.00</b>
Account No.		Claim was incurred for services.				
<b>Swedish American Medical Group PO Box 1567 Rockford, IL 61110</b>	<b>J</b>			<b>X</b>		<b>21.00</b>
Sheet no. <b>22</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,610.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>T-H Professional and Med Collection PO Box 10166 Peoria, IL 61612-0166</b>	<b>J</b>	<b>Claim was incurred for multiple medical accounts.</b>		<b>X</b>		<b>969.00</b>
Account No.  <b>Talarico Family Physicians 1050 E. Norris Dr. Suite 1A Ottawa, IL 61350</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>483.00</b>
Account No.  <b>Telecheck Services % Allied Interstate 15 Hazel Wood Dr. Buffalo, NY 14228</b>	<b>J</b>	<b>Claim was incurred for collection account.</b>		<b>X</b>		<b>225.00</b>
Account No.  <b>The Center For Pain Management Department 4922 Carol Stream, IL 60122-0001</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>27.00</b>
Account No.  <b>The Medicine Shoppe 1116 N. Columbus St. Ottawa, IL 61350</b>	<b>J</b>	<b>Claim was incurred for services.</b>		<b>X</b>		<b>302.00</b>
Sheet no. <b>23</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,006.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. 833	J	Claim was incurred for services.				124.00	
Town & Country Disposal PO Box 704 Ottawa, IL 61350			X				
Account No.	J	Claim was incurred for services.				86.00	
Tri County Radiologists PO Box 3853 Peoria, IL 61612-3853			X				
Account No.	J	Claim was incurred for services.				500.00	
Tri County Radiologists PO Box 3853 Peoria, IL 61612-3853			X				
Account No.	J	Claim was incurred for services.				19.00	
Ushasri Koganti, MD 1129 Columbus St. Ottawa, IL 61350			X				
Account No.	J	Claim was incurred for services.				333.00	
Valley West Community Hospital PO Box 904 Dekalb, IL 60115			X				
Sheet no. 24 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,062.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Claim was incurred for services.				
<b>Valley West Community Hospital Payment Processing Center PO Box 739 Moline, IL 61266-0739</b>	<b>J</b>			<b>X</b>		<b>1,757.00</b>
Account No.		Claim was incurred for services.				
<b>Vital Care 1306 Gemini Crt. Ottawa, IL 61350</b>	<b>J</b>			<b>X</b>		<b>661.00</b>
Account No.		Claim was incurred for collection account.				
<b>Waste Management % Dun &amp; Bradstreet RMS PO Box 509 Richfield, OH 44286</b>	<b>J</b>			<b>X</b>		<b>59.00</b>
Account No. <b>435005469320070</b>		Claim was incurred for services.				
<b>Waste Management PO Box 9001054 Louisville, KY 40290</b>	<b>J</b>			<b>X</b>		<b>280.00</b>
Account No. <b>41105</b>		Claim was incurred for loan.				
<b>World Finance Corp 225 S. 1st St. Union City, TN 38261</b>	<b>J</b>			<b>X</b>		<b>1,165.00</b>
Sheet no. <b>25</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,922.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Yatin Shah, MD, SC 34609 Eagle Way Chicago, IL 60678-1346</b>	<b>J</b>		<b>Claim was incurred for services.</b>		<b>X</b>	<b>150.00</b>
Account No.						
<b>Young America Realty % Eitan Weltman 802 N. Clinton; Suite A Bloomington, IL 61701</b>	<b>J</b>		<b>Claim was incurred for civil judgment.</b>		<b>X</b>	<b>1,727.00</b>
Account No.						
Account No.						
Account No.						
Sheet no. <b>26</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,877.00</b>
						Total (Report on Summary of Schedules)
						<b>205,895.00</b>

B6G (Official Form 6G) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

B6H (Official Form 6H) (12/07)

In re **John J Mason, Jr.,  
Sue E Mason**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **John J Mason, Jr.**  
**Sue E Mason**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>Granddaughter Son</b>	AGE(S): <b>2 Years 28 Student</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Mechanic</b>	<b>Deli</b>
Name of Employer	<b>Power Maintenance</b>	<b>Wal-Mart</b>
How long employed	<b>11/05/2007</b>	<b>08/02/2007</b>
Address of Employer	<b>Hennepin, IL</b>	<b>Peru, IL</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	DEBTOR \$ <b>3,277.00</b>	SPOUSE \$ <b>1,640.00</b>
2. Estimate monthly overtime	\$ <b>0.00</b>	\$ <b>0.00</b>

3. SUBTOTAL

\$ <b>3,277.00</b>	\$ <b>1,640.00</b>
--------------------	--------------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
b. Insurance  
c. Union dues  
d. Other (Specify): **Stock Plan**

\$ <b>393.00</b>	\$ <b>198.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>266.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>43.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>659.00</b>	\$ <b>241.00</b>
------------------	------------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>2,618.00</b>	\$ <b>1,399.00</b>
--------------------	--------------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)  
8. Income from real property  
9. Interest and dividends  
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  
11. Social security or government assistance (Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

12. Pension or retirement income

13. Other monthly income

(Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>0.00</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>2,618.00</b>	\$ <b>1,399.00</b>
--------------------	--------------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>4,017.00</b>
--------------------

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re John J Mason, Jr.  
Sue E Mason

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>825.00</b>
a. Are real estate taxes included? Yes <u>    </u> No <u>X</u>		
b. Is property insurance included? Yes <u>    </u> No <u>X</u>		
2. Utilities:	\$	<b>325.00</b>
a. Electricity and heating fuel	\$	<b>52.00</b>
b. Water and sewer	\$	<b>87.00</b>
c. Telephone	\$	<b>100.00</b>
d. Other <u>Cable</u>	\$	<b>0.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>620.00</b>
4. Food	\$	<b>150.00</b>
5. Clothing	\$	<b>0.00</b>
6. Laundry and dry cleaning	\$	<b>200.00</b>
7. Medical and dental expenses	\$	<b>440.00</b>
8. Transportation (not including car payments)	\$	<b>100.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>0.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>165.00</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>    </u>	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>475.00</b>
b. Other <u>    </u>	\$	<b>0.00</b>
c. Other <u>    </u>	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u>See Detailed Expense Attachment</u>	\$	<b>420.00</b>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	<b>3,959.00</b>
----	-----------------

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$	<b>4,017.00</b>
b. Average monthly expenses from Line 18 above	\$	<b>3,959.00</b>
c. Monthly net income (a. minus b.)	\$	<b>58.00</b>

B6J (Official Form 6J) (12/07)

**John J Mason, Jr.**

In re **Sue E Mason**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Expenditures:**

<b>Work lunches</b>	<b>\$</b>	<b>160.00</b>
<b>Pet food and care</b>	<b>\$</b>	<b>60.00</b>
<b>Paper products &amp; cleaning supplies</b>	<b>\$</b>	<b>100.00</b>
<b>Son's Junior College expenses</b>	<b>\$</b>	<b>100.00</b>
<b>Total Other Expenditures</b>	<b>\$</b>	<b>420.00</b>



**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **John J Mason, Jr.**  
**Sue E Mason**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **41** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **December 3, 2007**

Signature **/s/ John J Mason, Jr.**

**John J Mason, Jr.**

Debtor

Date **December 3, 2007**

Signature **/s/ Sue E Mason**

**Sue E Mason**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court****Northern District of Illinois**In re **John J Mason, Jr.  
Sue E Mason**

Debtor(s)

Case No.

Chapter

**7****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u><b>400.00</b></u>
Prior to the filing of this statement I have received.....	\$	<u><b>400.00</b></u>
Balance Due.....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **December 3, 2007**

**/s/ Stephen J. West, Atty.**

**Stephen J. West, Atty. 02989794**

**Stephen J. West**

**628 Columbus Dr.**

**Rm. 102**

**Ottawa, IL 61350**

**815-434-7250 Fax: 815-434-0951**

Form 8  
(10/05)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **John J Mason, Jr.  
Sue E Mason**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>Security is a 1998 Dodge truck obtained in 2007 as purchase money security interest.</b>	<b>Community Lenders</b>				<b>X</b>

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>-NONE-</b>		

Date **December 3, 2007**

Signature **/s/ John J Mason, Jr.**  
**John J Mason, Jr.**  
Debtor

Date **December 3, 2007**

Signature **/s/ Sue E Mason**  
**Sue E Mason**  
Joint Debtor

**United States Bankruptcy Court  
Northern District of Illinois**

In re John J Mason, Jr.  
Sue E Mason Debtor(s) Case No. \_\_\_\_\_  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 132

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 3, 2007 /s/ John J Mason, Jr.  
John J Mason, Jr.  
Signature of Debtor

Date: December 3, 2007 /s/ Sue E Mason  
Sue E Mason  
Signature of Debtor

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Stephen J. West, Atty. 02989794**  
\_\_\_\_\_  
Printed Name of Attorney  
Address:  
**628 Columbus Dr.**  
**Rm. 102**  
**Ottawa, IL 61350**  
**815-434-7250**

X **/s/ Stephen J. West, Atty.** **December 3, 2007**  
\_\_\_\_\_  
Signature of Attorney Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**John J Mason, Jr.**  
**Sue E Mason**  
\_\_\_\_\_  
Printed Name of Debtor  
  
Case No. (if known) \_\_\_\_\_

X **/s/ John J Mason, Jr.** **December 3, 2007**  
\_\_\_\_\_  
Signature of Debtor Date  
  
X **/s/ Sue E Mason** **December 3, 2007**  
\_\_\_\_\_  
Signature of Joint Debtor (if any) Date

Action Therapy Services, Ltd.  
850 Brookforest Ave.  
Suite F  
Shorewood, IL 60431

Advance America  
2860 N Columbus St.  
Ottawa, IL 61350

Advanced Urology Associates  
812 Campus Dr.  
Joliet, IL 60435

American General Finance  
2149 W. Jefferson St.  
Joliet, IL 60435

Ameritech  
Bill Payment Center  
Chicago, IL 60663-0001

Amsurg Ambulatory Surgery  
% NCI  
3601 Algonquin Rd.; Suite 232  
Rolling Meadows, IL 60008-3106

Angela Benavides, MD  
628 Columbus St. #502  
Ottawa, IL 61350

Arius G Patolot MD  
c/o 860 US Hwy 1, #203-B  
North Palm Beach, FL 33408-3820

Arturo Tomas, MD, Ltd.  
% Creditors Discount & Audit Co.  
PO Box 213  
Streator, IL 61364-0213

Aspire  
Payment Processing  
PO Box 23007  
Columbus, GA 31902-3007

Assoc. Pathologists of Joliet  
330 Madison St.  
Suite 200A  
Joliet, IL 60435

Associated Anesthesiologists  
of Joliet, SC  
PO Box 936  
Bedford Park, IL 60499-0936

Associated Anesthesiologists, S.C.  
8600 N. State Rte. 91, #250  
Peoria, IL 61615

AT&T Co.  
c/o NCO Financial Systems, Inc.  
PO Box 4911, Dept. #96  
Trenton, NJ 08650

Bhurji Singh, M.D.S.C.  
PO Box 379  
Orland Park, IL 60462

Boilermakers National Annuity Trust  
754 Minnesota Ave. #400  
Kansas City, KS 66101

Bromenn Healthcare  
PO Box 2450  
Bloomington, IL 61702

Bruce Chien, MD  
% T-H Professionals & Med Collect  
PO Box 10166  
Peoria, IL 61612

CAB Services, Inc.  
60 Barney Dr.  
Joliet, IL 60435

Capital One Services  
% Arrow Financial Services  
5996 W. Touhy Ave.  
Niles, IL 60714



Central IL Pathology  
% Midwest Collection Service, Inc.  
PO Box 3598  
Peoria, IL 61612-3598

Central Illinois Radiological Assoc  
7800 N. Sommer St.  
Suite 420  
Peoria, IL 61615

Check 'n Go  
% National Check Bureau  
10625 Techwoods Circle  
Cincinnati, OH 45242

Check Into Cash, Inc.  
PO Box 550  
201 Keith St. Suite 80  
Cleveland, TN 37364-0550

Chicago Tribune  
% Merchants Credit Guide  
223 W. Jackson Blvd.  
Chicago, IL 60606

Cingular Wireless  
% Southwest Credit Systems  
PO Box 115151  
Carrollton, TX 75011

Citizens First National Bank  
606 South Main St.  
Princeton, IL 61356

Clear Choice Communications  
PO Box 872025  
Kansas City, MO 64187

Collection Professionals  
PO Box 416  
723 First St.  
La Salle, IL 61301

Community Hospital of Ottawa  
% Creditors Discount & Audit Co.  
PO Box 213  
Streator, IL 61364-0213

Community Hospital of Ottawa  
1100 E. Norris Dr.  
Ottawa, IL 61350

Community Hospital of Ottawa  
% RCS  
PO Box 7229  
Westchester, IL 60154

Community Lenders  
1011 Shooting Park Rd.  
Suite 102  
Peru, IL 61354

Creditors Discount & Audit Co.  
PO Box 213  
Streator, IL 61364

Creditors Discount & Audit Co.  
% Michael R. Naughton, Atty.  
PO Box 10  
Manhattan, IL 60442

Directv  
PO Box 9001069  
Louisville, KY 40290-1069

Dish Network  
% Riddle & Associates, PC  
PO Box 1187  
Sandy, UT 84091-1187

Eastern Illinois Emer Phys LLP  
Provena Covenant Medical Center  
75 Remittance Dr. #6053  
Chicago, IL 60675-6053

Edward Hospital  
PO Box 4207  
Carol Stream, IL 60197

Edward Hospital  
% Merchants Credit Guide  
725 S. Wells St. #700  
Chicago, IL 60607

Emergency Treatment  
% Medical Collections System  
725 S. Wells St. #700  
Chicago, IL 60607

Empress Casino  
% Wexler & Wexler LLC  
500 W. Madison St. #2910  
Chicago, IL 60661

Empress Casino  
% Cavalry  
PO Box 1030  
Hawthorne, NY 10532

Empress Casino  
% JBC Legal Group  
2 Broad  
Bloomfield, NJ 07003

EPMG of Illinois SC  
PO Box 95968  
Oklahoma City, OK 73143-5968

Fields Hill Improvement Association  
PO Box 2191  
Ottawa, IL 61350

Future Diagnostics Group  
254 Republic Ave.  
Joliet, IL 60435

Glenwood Medical Imaging  
PO Box 92170  
Elk Grove Village, IL 60009

Heights Finance Corp.  
% George Mueller, PC  
609 E. Etna Rd.  
Ottawa, IL 61350

Homeq Servicing Corp.  
PO Box 96053  
Charlotte, NC 28296

Hospital Radiology Service, S.C.  
#8 US Rte. 6 West  
Suite #2  
Peru, IL 61354

HSBC NV  
PO Box 19360  
Portland, OR 97280

HSBC Taxpayer Financial Services  
% Tate & Kirlin Associates  
2810 Southampton Rd.  
Philadelphia, PA 19154-1207

Illinois Power  
PO Box 2522  
Decatur, IL 62525

Illinois Title Loans  
1511 W. Jefferson St.  
Joliet, IL

Illinois Valley Community Hospital  
925 West St.  
Peru, IL 61354

Illinois Valley Community Hospital  
% CPI  
PO Box 416  
La Salle, IL 61301

Joliet Radiological Serv Corp  
% CAB Services  
60 Barney Dr.  
Joliet, IL 60435

Joliet Radiological Service Corp  
36910 Treasury Ctr  
Chicago, IL 60694

Joseph Ben Mallory, M.D., L  
P O Box 2426  
Ottawa, IL 61350-2426

Leasecomm Corporation  
PO Box 4036  
Woburn, MA 01888

MCI  
% MCM  
PO Box 939019  
San Diego, CA 92193-9019

MCI Residential Service  
PO Box 17890  
Denver, CO 80217-0890

McLean Co Anesthesiology  
% H&R Accounts, Inc.  
PO Box 672  
Moline, IL 61266-0672

Mediacom  
PO Box 334  
Chillicothe, IL 61523-0334

Mendota Community Hospital  
% H&R Accounts  
PO Box 672  
Moline, IL 61265

Merrick Bank  
PO Box 5000  
Draper, UT 84020

Methodist Medical Center of Illinois  
5000 Reliable Parkway  
Chicago, IL 60686-0050

Methodist Medical Group  
5100 Reliable Pkwy.  
Chicago, IL 60686

Minimed Distribution Corp.  
13019 Collection Center Drive  
Chicago, IL 60693-0130

Nicor Gas  
PO Box 416  
Aurora, IL 60568-0001

North Central BHS  
PO Box 1488  
La Salle, IL 61301

Northland Insurance Co.  
% Kenneth R. McEvoy, Atty.  
628 Columbus St.; Suite 107  
Ottawa, IL 61350

Optima Medical Associates Ltd.  
1050 Essington Rd.  
Joliet, IL 60435-8424

OSF St. Francis Medical Center  
530 N.E. Glen Oak Ave.  
Peoria, IL 61637

Ottawa Medical Center  
% CB Accounts  
PO Box 50; Dept. 0102  
Arrowsmith, IL 61722

Ottawa Vet Hospital  
1521 E. US Hwy. 6  
Ottawa, IL 61350

Pain & Rehabilitation Clinic  
of Chicago  
PO Box 967  
Tinley Park, IL 60477-0967

Park Court Pharmacy  
600 S. 13th St.  
Pekin, IL 61554

Pekin Hospital  
% C.B. Accounts, Inc.  
Dept. 0102; PO Box 50  
Arrowsmith, IL 61722-0050

Peoria Tazewell Pathology Group SC  
P O Box 9578  
Peoria, IL 61612-9578

Peru Volunteer Ambulance Service  
111 5th St.  
Peru, IL 61354

Physician Services of MCH  
1311 Memorial Dr.  
Suite 400  
Mendota, IL 61342

Prairie Emergency Services  
% Medical Collections  
725 S. Wells #700  
Chicago, IL 60607

Prairie Emergency Services S C  
PO Box 2669  
Joliet, IL 60434-2669

Proctor ER Physicians  
% CDA  
331 Fulton St. #535  
Peoria, IL 61602

Proctor First Care  
Payment Processing Center  
PO Box 6361; Dept. 8101  
Bloomington, IL 61702

Proctor First Care  
% CB Accounts, Inc.  
Dept. 0102; PO Box 50  
Arrowsmith, IL 61722

Proctor Health Systems  
5401 N. Knoxville Ave.  
Suite 209  
Peoria, IL 61614

Proctor Hospital  
Payment Processing Center  
PO Box 6361; Dept. 8101  
Bloomington, IL 61702-6361

Prof. Neurological Svcs LTD  
PO Box 388241  
Chicago, IL 60638-8241

Provena Covenant Medical Center  
75 Remittance Dr.  
Suite 1785  
Chicago, IL 60675-1785

Provena St. Joseph Medical Center  
75 Remittance Dr.  
Suite 1366  
Chicago, IL 60675-1366

Provena St. Joseph Medical Center  
% KCA Financial Services  
PO Box 53  
Geneva, IL 60134

Provena St. Joseph Medical Center  
333 N. Madison St.  
Joliet, IL 60435-6595

Provena St. Joseph Medical Center  
% Pellettieri & Assoc.  
991 Oak Creek Dr.  
Lombard, IL 60148

Rezin Orthopaedic  
1051 W. Route 6  
Suite 100  
Morris, IL 60450

Robert D Paras, MD  
% NCO Financial Systems, Inc.  
PO Box 41421; Dept. 55  
Philadelphia, PA 19101

Rochelle Community Hospital  
900 N. Second St.  
Rochelle, IL 61068



Rockford Mercantile Agency  
PO Box 5847  
Rockford, IL 61125

Rush-Copley Medical Center  
2000 Ogden Ave.  
PO Box 352  
Aurora, IL 60504

Rush-Copley Primary Care Assoc.  
PO Box 2091  
Aurora, IL 60504

Ruskusky Foot And Ankle Clinic, Ltd  
3305 Griffin  
Pekin, IL 61554-6237

SBC  
% NCC  
120 N. Keyser Ave.  
Scranton, PA 18504

Sherman Acquisitions  
% RMA  
260 E. Wentworth Ave.  
Saint Paul, MN 55118

Silver Cross Hospital  
% KCA Financial Services  
PO Box 53  
Geneva, IL 60134

Silver Cross Hospital  
PO Box 100  
Joliet, IL 60434-0100

Southwest Anesthesia Consult, Ants  
% C.B. U.S.A., Inc.  
PO Box 8000  
Hammond, IN 46325-8000

St. Francis Medical Center  
% Afni, Inc.  
PO Box 3517  
Bloomington, IL 61702

St. Margaret's Hospital  
% Collection Professionals, Inc.  
PO Box 416  
La Salle, IL 61301

St. Mary's Streator Hospital  
Lock Box 4453  
Carol Stream, IL 60197-4453

Stepping Stones  
1621 Theodore St.  
Joliet, IL 60435

Steven J. Ludford, DDS  
PO Box 444  
2001 Fourth St.  
Peru, IL 61354

SW Anesthesia Consultants  
20201 S Crawford Ave  
Olympia Fields, IL 60461-1010

Swedish American Medical Group  
PO Box 1567  
Rockford, IL 61110

T-H Professional and Med Collection  
PO Box 10166  
Peoria, IL 61612-0166

Talarico Family Physicians  
1050 E. Norris Dr.  
Suite 1A  
Ottawa, IL 61350

Telecheck Services  
% Allied Interstate  
15 Hazel Wood Dr.  
Buffalo, NY 14228

The Center For Pain Management  
Department 4922  
Carol Stream, IL 60122-0001

The Medicine Shoppe  
1116 N. Columbus St.  
Ottawa, IL 61350

Town & Country Disposal  
PO Box 704  
Ottawa, IL 61350

Tri County Radiologists  
PO Box 3853  
Peoria, IL 61612-3853

Tri County Radiologists  
PO Box 3853  
Peoria, IL 61612-3853

Ushasri Koganti, MD  
1129 Columbus St.  
Ottawa, IL 61350

Valley West Community Hospital  
PO Box 904  
Dekalb, IL 60115

Valley West Community Hospital  
Payment Processing Center  
PO Box 739  
Moline, IL 61266-0739

Vital Care  
1306 Gemini Crt.  
Ottawa, IL 61350

Waste Management  
% Dun & Bradstreet RMS  
PO Box 509  
Richfield, OH 44286

Waste Management  
PO Box 9001054  
Louisville, KY 40290

World Finance Corp  
225 S. 1st St.  
Union City, TN 38261

Yatin Shah, MD, SC  
34609 Eagle Way  
Chicago, IL 60678-1346

Young America Realty  
% Eitan Weltman  
802 N. Clinton; Suite A  
Bloomington, IL 61701